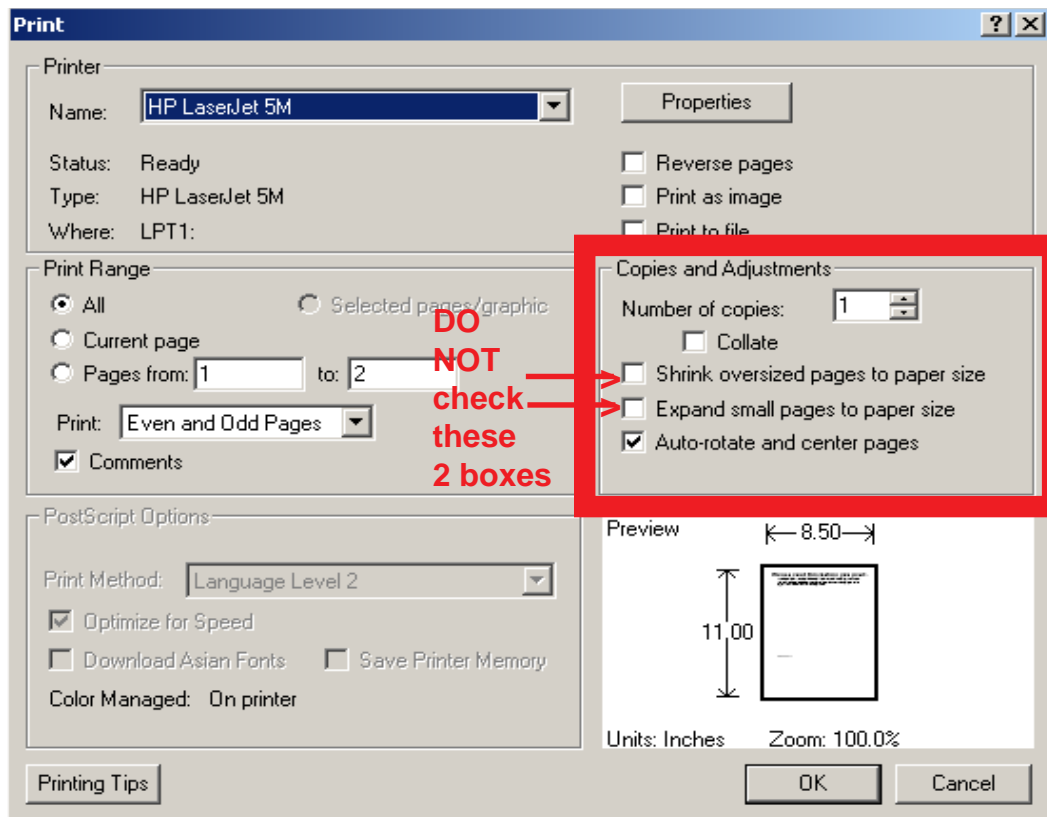


Please read this before you print.

To print applications correctly, it is important to set up your print request as shown below. In the Adobe Acrobat Print dialog box, you must check the box “Auto-rotate and center pages.” Do **not** check the Shrink or Expand boxes.



(This page intentionally left blank.)



Washington State Department of
Health
Health Professions Quality Assurance Division
P.O. Box 1099
Olympia, WA 98507-1099

A. Contents:

Licensed Practical Nurse Activation by Endorsement Packet

1. 669-224 ... Contents List/SSN Information/Deposit Slip 1 page
2. 669-225 ... Interstate Endorsement Instructions for LPN 2 pages
3. 669-002 ... Application for License By Examination or Endorsement 4 pages
4. Nursys License Verification Request—Instructions and Form 2 pages
5. 669-218 ... Verification of Licensure From U.S. State of Original Licensure 1 page
6. RCWs and WACs Pertaining To Nursing Licensure By Endorsement 9 pages

B. Important Social Security Number Information:

- * Federal and state laws require the Department of Health to collect your Social Security Number before your professional license can be issued. A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted. If you submit an application but do not provide your Social Security Number, you will not be issued a professional license and your application fee is not refundable.
- * Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 USC 666, RCW 26.23 and WAC 246-12-340.

C. In order to process your request:

1. Complete the Deposit Slip below.
2. Cut Deposit Slip from this form on the dotted line below.
3. Send application with check and Deposit Slip to **PO Box 1099, Olympia, WA 98507-1099.**



Cut along this line and return the form below with your completed application and fees.



Licensed Practical Nurse (Endorsement)

DEPOSIT SLIP

NAME (Please Print)

Revenue Section
P.O. Box 1099
Olympia, Washington 98507-1099

DATE

Please note amount enclosed, and return
with your application.

\$

- ☐ Check
☐ Money Order

(This page intentionally left blank.)



Washington State Department of

Health

Washington State Nursing Commission

P.O. Box 1099

Olympia, WA 98507-1099

Interstate Endorsement Instructions For Licensed Practical Nurse

The following requirements must be met to complete licensure:

- ☐ **Social Security Number:** Social security number is a requirement for licensure in Washington State under 42 USC 666 and Chapter 26.23 RCW.
- ☐ **Application and Fee:** A completed application with the \$65 fee (payable to Dept. of Health (non-refundable)). Submit the application and fee to:

Department of Health
Nursing Commission
P.O. Box 1099
Olympia, WA 98507-1099

- ☐ **Personal Data Questions:** Answer all of the Personal Data Questions on the second page of the application. For any "yes" answers, attach a letter of explanation and arrange for any other material required. Falsification of information is grounds for denial or revocation of license.
- ☐ **Current LPN License:** Enclose a copy of a **current/active** LPN license.
- ☐ Verification of LPN Licensure from your **original U.S.** state of licensure. (form is enclosed) Call your state, they may charge a fee for this process. **Faxed verification will not be accepted under any circumstances.**

Special Note: NurSys is a new, National Verification System through the National Council of State Boards of Nursing. As yet not all states are on this new verification system. The National Council will do the verification of LPN and RN licenses for those states that are listed on the NurSys "form instructions." Please check this form to see if your **original** state of licensure is listed. If it is, please follow the instructions on this new form. If not, please follow the verification form we have sent you. When in doubt, call your original state of licensure. The telephone numbers are on the back of our verification form

- ☐ **Transcripts:** The State of Washington requires an **official transcript** with your nursing degree completed and posted, from a **state board or your school of nursing**. You must request these yourself. They must also be in English and arrive directly from your school or another state board to be considered official. **Faxed copies of transcripts will NOT be considered official.**

- ☐ **AIDS Education Attestation:** The State of Washington requires a minimum of seven (7) hours of HIV-AIDS education prior to licensure. Please review the AIDS Education Course List. If you feel you have met this requirement you may sign the portion of your application that asks for attestation to this. If you feel you have not met this requirement the AIDS Education Course List has a partial listing of course offerings.
- ☐ The application Fee of **\$65 must accompany the application and is non-refundable**. Make the check payable to the Department of Health.

Please do not call about your application for the first three weeks after mailing. We are busy processing your application and calls will delay this processing.

Mail the above mentioned items to:

Department of Health
Nursing Commission
P.O. Box 1099
Olympia, WA 98507-1099



Health Professions Quality Assurance Division
P.O. Box 1099
Olympia, WA 98507-1099

FOR OFFICE USE ONLY		
LICENSE DATE	CANDIDATE NUMBER	VALIDATION NUMBER
SCHOOL CODE	GRADUATE DATE	
<input type="checkbox"/> AIDS <input type="checkbox"/> Cert <input type="checkbox"/> MBOS <input type="checkbox"/> Verif (Foreign) <input type="checkbox"/> Photo <input type="checkbox"/> Scripts <input type="checkbox"/> CGFNS <input type="checkbox"/> TOEFL <input type="checkbox"/> Active License) <input type="checkbox"/> Other		

LICENSE #

Application For License By Examination Or Endorsement

☐ **Registered Nurse**

☐ Examination ☐ Endorsement

☐ **Licensed Practical Nurse**

☐ Examination ☐ Endorsement

Please Type or Print Clearly—Follow carefully all instructions in the general instructions provided. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application. All applications must be accompanied by applicable fee which is non-refundable. Photo copied applications are not accepted. Make remittance payable to the Department of Health.

1. Demographic Information

APPLICANT'S NAME		LAST	FIRST	MIDDLE INITIAL
MAILING ADDRESS				
CITY		STATE	ZIP	COUNTY
TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS.) ()		RESIDENCE TELEPHONE ()	SOCIAL SECURITY NUMBER (Required for license under 42 USC 666 and Chapter 2.23 RCW) — —	

GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDATE (MO/DATE/YR)	PLACE OF BIRTH
Have you ever been known under any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list		

Attach Current Photograph Here.
Indicate Date Taken and Sign in
Ink Across Bottom of the Photo.

NOTE: Photograph **Must** Be:

1. Original, not a photocopy
2. No larger than 2" X 2"
3. Taken within one year of application
4. Close up, front view—not profile
5. Instant Polaroid Photographs **not** acceptable

2. Education

High school graduate? ☐ Yes ☐ No

If no, GED? ☐ Yes ☐ No

INSTITUTION	NAME	LOCATION	DATE ENTERED	DATE COMPLETED	DIP/DEGREE GRANTED
COLLEGE OR UNIVERSITY					
COLLEGE OR UNIVERSITY					
COLLEGE OR UNIVERSITY					
COLLEGE OR UNIVERSITY					

3. AIDS Education and Training Attestation

I certify I have completed the minimum of seven (7) hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations. I understand I must maintain records documenting said education for two (2) years and be prepared to submit those records to the Department if requested. I understand that should I provide any false information, my license may be denied, or if issued, suspended or revoked.

APPLICANT'S INITIALS	DATE
----------------------	------

4. Personal Data Questions

YES NO

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☐

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

1a. If you answered "yes" to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).

1b. If you answered "yes" to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.

(If you answered "yes" to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the treatment ongoing, and the factors in "1b" so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.)

2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☐

"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

"Chemical substances" includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism? ☐ ☐

4. Are you currently engaged in the illegal use of controlled substances? ☐ ☐

"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

"Illegal use of controlled substances" means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.

Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders.

5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:

a. the use or distribution of controlled substances or legend drugs? ☐ ☐

b. a charge of a sex offense? ☐ ☐

c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving) ☐ ☐

6. Have you ever been found in any civil, administrative or criminal proceedings to have:

a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself? ☐ ☐

b. committed any act involving moral turpitude, dishonesty or corruption? ☐ ☐

c. violated any state or federal law or rule regulating the practice of a health care professional? ☐ ☐

7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", explain and provide copies of all judgments, decisions, and agreements. ☐ ☐

8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority? ☐ ☐

9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession? ☐ ☐

5. Previous Licensure

List all states where any health care licenses are or were held. Specifically list licenses granted as temporary, reciprocity, exemption or similar with type, date, grantor, and if license is current.

STATE/JURISDICTION	PROFESSION	LICENSE TYPE	LICENSE		METHOD OF LICENSURE
			YEAR ISSUED	NUMBER	

6. Licensure In Other State(s) Or Country(ies)

List all states/countries you have held an RN or an LPN license in. List these licenses in the order they were issued to you (1st, 2nd, 3rd, etc.)

STATE/COUNTRY	CHECK ONE		CURRENT EXPIRATION DATE
	AS RN	AS LPN	

State or **country** in which originally licensed by examination. _____

Year license first issued _____ as an ☐ RN ☐ LPN

Have you taken the State Board Test Pool Examination (SBTPE) or NCLEX in the United States? ☐ Yes ☐ No

If yes, state _____ as an ☐ RN ☐ LPN

Have you ever applied for licensure in Washington prior to this application? ☐ Yes ☐ No

If yes, under the name of _____ as an ☐ RN ☐ LPN Approximate date _____

7. Applicant's Attestation

I, _____, certify that I am the person described and identified in
NAME OF APPLICANT

this application; that I have read RCW 18.130.170 and 180 of the Uniform Disciplinary Act; and that I have answered all questions truthfully and completely, and the documentation provided in support of my application is, to the best of my knowledge, accurate. I further understand that the Department of Health may require additional information from me prior to making a determination regarding my application, and may independently validate conviction records with official state or federal databases.

I hereby authorize all hospitals, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Department any information files or records required by the Department in connection with processing this application.

I further affirm that I will keep the Department informed of any criminal charges and/or physical or mental conditions which jeopardize the quality of care rendered by me to the public.

Should I furnish any false or misleading information on this application, I hereby understand that such act shall constitute cause for the denial, suspension, or revocation of my license to practice in the State of Washington.

SIGNATURE OF APPLICANT

DATE

Official Use Only

Washington State Records Center



FORM INSTRUCTIONS

1. Only boards of nursing within the United States have access to Nursys. If you need verification of a license for a foreign country or to an agency other than a state board of nursing, please contact your state board of nursing.
2. You **MUST CONTACT** the state where you are seeking licensure to determine which state(s) they require verification from, as boards of nursing have different requirements.

If you do not need verification of a license from one of the states listed below, **DO NOT** complete this form. Instead, follow the verification instructions of the state where you are seeking licensure. Complete this form **ONLY** if the state where you are seeking licensure requires verification from one of the states listed below.

Arizona (AZ)	Maine (ME)	Nebraska (NE)	Texas RN (TX-RN)
Arkansas (AR)	Maryland (MD)	New Mexico (NM)	Texas VN (TX-VN)
Delaware (DE)	Massachusetts (MA)	North Carolina (NC)	Utah (UT)
Florida (FL)	Minnesota (MN)	North Dakota (ND)	Vermont (VT)
Idaho (ID)	Mississippi (MS)	Ohio (OH)	Wisconsin (WI)
Indiana (IN)	Missouri (MO)	Oregon (OR)	
Iowa (IA)	Montana (MT)	South Dakota (SD)	

3. Please complete all sections of this form. Forms with missing information or incorrect payments will be returned. **SEND ONLY THIS FORM AND PAYMENT. ALL OTHER FORMS ARE UNACCEPTABLE.**
4. **PAYMENT:** To verify RN licenses, the total fee is \$30, regardless of how many states you are licensed in or how many states you are applying to. To verify LPN licenses, the total fee is \$30, regardless of how many states you are licensed in or how many states you are applying to. To verify both RN and LPN licenses, the total fee is \$60, regardless of how many states you are licensed in or how many states you are applying to.

All payments must be guaranteed funds. **The only acceptable forms of payment are: certified checks, cashiers checks, or money orders** – made payable to the National Council. DO NOT SEND cash, personal checks, business checks, credit cards, or traveler's checks. **Fees are non-refundable.**
5. Please complete this form in blue or black ink. Print or type clearly. Illegible forms will be returned.
6. Verifications are entered into Nursys in the order in which they are received at the National Council. **The verification report will remain in Nursys for 90 days, after which it expires.** When the Board of Nursing receives your Endorsement Application, the board will access Nursys to verify any licenses held in the states listed in number 2 above. No paper reports are sent from the National Council.
7. **EXPIRED REPORTS:** If your verification has expired, you must pay an additional \$30 and submit a new verification request form to the National Council.
8. Nursys information is updated monthly from the participating nursing boards listed in number 2 above. A nurse who recently received a license may have to wait until the next monthly update before the information is available in Nursys for license verification.
9. If you have questions regarding this form, please contact the Nursys License Verification Department at (312) 525-3780 or toll free (866) 819-1700.

***** NEW ***** Want to process your verification faster? Try our new secure On-line Verification to process your verification immediately. Go to <https://www.nursys.com>



LICENSE VERIFICATION REQUEST FORM

***** NEW ***** Want to process your verification faster? Try our new secure On-line Verification to process your verification immediately. Go to <https://www.nursys.com>

Please use blue or black ink.

See reverse side for form eligibility and instructions.



PERSONAL INFORMATION

Social Security Number:		Date of Birth (mm/dd/yyyy)
First Name:	Middle Name:	Last Name:
Maiden Name:	Date of Original License (mm/yyyy)	
Street Address:		
City:	State:	Zip/Postal Code:
Country:	Home Phone:	Work Phone:

ENDORSEMENT INFORMATION *List the license types that you need verified*

License Type (check one)	Total Verification Fee
LPN: <input type="checkbox"/>	\$30.00
RN: <input type="checkbox"/>	\$30.00
Both LPN & RN: <input type="checkbox"/>	\$60.00

Fees are not refundable

The only acceptable forms of payment are
CERTIFIED CHECK, CASHIER'S CHECK,
or **MONEY ORDER.**

Made payable to: National Council

DO NOT SEND cash, personal checks, business checks, or travelers checks.

LICENSE INFORMATION *List all licenses that you have ever had*

	Jurisdiction/State	RN License Number	PN License Number
Original	_____	_____	_____
Additional	_____	_____	_____
Additional	_____	_____	_____
Additional	_____	_____	_____

State applying to: _____

I, the above named individual, hereby apply for verification to the National Council of State Boards of Nursing to permit the National Council and/or its Member Boards to verify my licensure, educational, disciplinary, and related information in Nursys for the purposes of supporting my request for endorsement verification in the jurisdiction(s) listed above and any other states in which I have ever been licensed. I also confirm that the information I have submitted is true.

My application fee of \$_____ in **guaranteed funds** is attached.

Mail this form to:

National Council of State Boards of Nursing, Inc.
35331 Eagle Way
Chicago, IL 60678-1353
DO NOT SEND THIS FORM TO YOUR BOARD OF NURSING

Signature _____

Date _____



Washington State Department of

Health

Health Professions Quality Assurance Division

Nursing Commission

P.O. Box 47864

Olympia, WA 98504-7864

Verification of Licensure

From U.S. State of Original Licensure

Please complete the top portion of this form and forward to your **original** state of licensure.

(Please contact your original state of licensure for fee charged and processing time.)

Check One Box: <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Licensed Practical Nurse				
NAME	LAST	FIRST	MIDDLE INITIAL	
PREVIOUS LAST NAMES USED		SOCIAL SECURITY NUMBER (Required for license under 42 USC 666 and Chapter 2.23 RCW)		
CURRENT MAILING ADDRESS				
CITY	STATE	ZIP		
NAME AS IT APPEARS ON ORIGINAL LICENSE	ORIGINAL STATE OF LICENSURE	CURRENT STATE OF LICENSURE		
I hereby authorize the release of my licensure data to the Washington State Nursing Commission.				
Signature _____ Date _____				
This portion to be completed by original state of licensure and mailed to: <i>Washington State Nursing Commission, PO Box 47864, Olympia, Washington 98504-7864.</i>				
This is to certify that _____ was issued license number _____				
on _____ to practice <input type="checkbox"/> registered nursing <input type="checkbox"/> licensed practical nursing (vocational nursing).				
Licensed by: <input type="checkbox"/> Exam <input type="checkbox"/> Endorsement <input type="checkbox"/> Other (specify) _____				
Current Licensure Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed			EXPIRATION DATE	
Has this license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach explanation)				
Disciplinary action pending? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach explanation)				
Nursing Education Program Completed:				
Location (City & State):				
Type of Nursing Program: <input type="checkbox"/> Diploma <input type="checkbox"/> BSN <input type="checkbox"/> ADN <input type="checkbox"/> LPN <input type="checkbox"/> Other (specify)			DATE OF COMPLETION	
Examination Scores: State Board Test Pool Exam				
(SEAL)	Medical	Score _____	Series _____	NCLEX:
	Psychiatric	_____	_____	RN _____ Series _____
	Obstetric	_____	_____	LPN _____ Series _____
	Surgical	_____	_____	NCLEX CAT:
	Nursing of Child	_____	_____	RN _____ Date _____
	LPN/VN	_____	_____	LPN _____ Date _____
SIGNATURE		STATE	DATE	

State Boards of Nursing

Alabama	334-242-4060	Missouri	573-751-0068
Alaska	907-269-8161	Montana	406-841-2340
Arizona	602-331-8111	406-841-2345
Arkansas	501-686-2700	Nebraska	402-471-0317
California	916-322-3350	Nevada	Reno 702-786-3135
..... LPN	916-263-7800 Las Vegas	702-739-5968
Colorado	303-894-2430	New Hampshire	603-271-2323
Connecticut	860-509-7624	New Jersey	973-504-6493
.....	860-509-7607	New Mexico	505-841-8340
Delaware	302-739-4522	505-841-8345
District of Columbia	202-727-7468	New York	518-474-3845
Florida	850-488-0595	North Carolina	919-782-3211
Georgia	RN 478-204-1640	North Dakota	701-328-9777
..... LPN	478-204-1620	Ohio	614-466-7834
Hawaii	808-586-2695	Oklahoma	405-962-1820
Idaho	208-334-3110	Oregon	503-731-4745
Illinois	312-814-5859	Pennsylvania	717-783-7142
Indiana	317-233-4409	Rhode Island	401-277-2827
Iowa	515-281-3255	South Carolina	803-896-4550
Kansas	786-296-2453	South Dakota	605-362-2765
Kentucky	502-329-7000	Tennessee	615-532-9839
Louisiana	504-838-5396	Texas	512-305-7400
Maine	207-287-1133 x 33	Utah	801-828-3180
Maryland	410-585-1900	Vermont	802-828-3180
Massachusetts	617-727-1631	Virginia	804-662-9909
Michigan	517-373-0930	West Virginia	304-558-3596
Minnesota	612-617-2270	Wisconsin	608-266-2112
Mississippi	601-359-6208	Wyoming	307-777-7121

RCWs and WACs Pertaining To Nursing Licensure By Endorsement

December 2002

RCW 18.130.170 Capacity of license holder to practice—hearing—Mental or physical examination—Implied Consent	2
RCW 18.130.180 Unprofessional Conduct	4
WAC 246-840-090 Licensure by interstate endorsement	6
WAC 2465-840-990 Fees	8
WAC 246-12-300 Name changes	9
WAC 246-12-310 Address changes	9

Remember!! As an RN/LPN, it is your responsibility to keep informed of all state and federal laws impacting the practice of nursing.

The following pages represent some of the statutes and rules governing or impacting the practice of nursing. Please keep this law booklet in a location easily accessible for reference.

Statutes

A statute or Revised Code of Washington (RCW) is written by the Washington State Legislature. Once legislation is signed by the Governor, it becomes law. There are two chapters in this booklet: *Nursing Care, Chapter 18.79 RCW and Regulation of Health Professions—Uniform Disciplinary Act, Chapter 18.130 RCW*. The first chapter outlines the practice of *Nursing Care* and sets the authority for the ***Washington State Nursing Commission, Department of Health***.

Rules

Washington Administrative Code (WAC), WAC 246-840 contains rules adopted by the Washington State Nursing Commission Department of Health to provide interpretive support for the Nursing statute. Rules carry the force of law and all people or entities to whom the rule applies must adhere to it. Failure to adhere to a rule may subject a person to a penalty or administrative sanction. Rules go into effect after all persons on the rules mailing list have been notified and provided an opportunity for verbal or written input and after having been formally adopted at a public rules hearing. Publication of any material in the Washington State Register is deemed to be official notice of such information. The Washington State Register is published twice each

month and contains proposed, emergency and permanently adopted rules, as well as other documents filed with the Code Reviser's office pursuant to RCW 34.08.020 and 42.30.075.

How To Obtain Other Statutes Or Other Rules

You may wish to obtain other statutes or rules depending on your area of expertise or need. Following are some of the additional statutes or rules in which you may be interested in obtaining: (**Note this list was developed to assist you in identifying some of the laws impacting your profession and **may not** include all laws relating to your profession.)

RCW 34.05 Administrative Procedures Act

WAC 246-11 Model procedural rules for adjudicative proceedings for board or commission disciplinary authority

WAC 246-10 Model procedural rules for adjudicative proceedings for secretary disciplinary authority

You may obtain the latest version of these statutes or rules at any law library or purchase them from the Washington State Code Reviser's Office. Their phone number (360)753-6804 and their address is PO Box 40551, Legislative Building, Olympia, Washington 98504-0551. The Code Reviser's office is located on the State Government Web Site at: <http://www.leg.wa.gov/www/admin/legis/codervsr/codervsr.htm>

The Internet Web site for statutes and rules are:

Statutes Direct Address: <http://leginfo.leg.wa.gov/pub/rcw/title-18/> or: <http://leginfo.wa.gov> AND click on "Legislative Information", click on "RCW", and click on "Title 18"

Rules Direct Address: <http://www.doh.wa.gov> AND click on "About DOH" and click on "Title 246—Washington Administrative Code"

To obtain additional information on the Department of Health and your profession, see the DOH Internet Web site at: <http://www.doh.wa.gov>

RCW 18.130.170 Capacity of license holder to practice—Hearing—Mental or physical examination—Implied consent. (1) If the disciplining authority believes a license holder or applicant may be unable to practice with reasonable skill and safety to consumers by reason of any mental or physical condition, a statement of charges in the name of the disciplining authority shall be served on the license holder or applicant and notice shall also be issued providing an opportunity for a hearing. The hearing shall be limited to the sole issue of the capacity of the license holder or applicant to practice with reasonable skill and safety. If the disciplining authority determines that the license holder or applicant is unable to practice with reasonable skill and safety for one of the reasons stated in this subsection, the disciplining authority shall impose such sanctions under RCW 18.130.160 as is deemed necessary to protect the public.

(2)(a) In investigating or adjudicating a complaint or report that a license holder or applicant may be unable to practice with reasonable skill or safety by reason of any mental or physical condition, the disciplining authority may require a license holder or applicant to submit to a mental or physical examination by one or more licensed or certified health professionals designated by the disciplining authority. The license holder or applicant shall be provided written

notice of the disciplining authority's intent to order a mental or physical examination, which notice shall include: (i) A statement of the specific conduct, event, or circumstances justifying an examination; (ii) a summary of the evidence supporting the disciplining authority's concern that the license holder or applicant may be unable to practice with reasonable skill and safety by reason of a mental or physical condition, and the grounds for believing such evidence to be credible and reliable; (iii) a statement of the nature, purpose, scope, and content of the intended examination; (iv) a statement that the license holder or applicant has the right to respond in writing within twenty days to challenge the disciplining authority's grounds for ordering an examination or to challenge the manner or form of the examination; and (v) a statement that if the license holder or applicant timely responds to the notice of intent, then the license holder or applicant will not be required to submit to the examination while the response is under consideration.

(b) Upon submission of a timely response to the notice of intent to order a mental or physical examination, the license holder or applicant shall have an opportunity to respond to or refute such an order by submission of evidence or written argument or both. The evidence and written argument supporting and opposing the mental or physical examination shall be reviewed by either a panel of the disciplining authority members who have not been involved with the allegations against the license holder or applicant or a neutral decision maker approved by the disciplining authority. The reviewing panel of the disciplining authority or the approved neutral decision maker may, in its discretion, ask for oral argument from the parties. The reviewing panel of the disciplining authority or the approved neutral decision maker shall prepare a written decision as to whether: There is reasonable cause to believe that the license holder or applicant may be unable to practice with reasonable skill and safety by reason of a mental or physical condition, or the manner or form of the mental or physical examination is appropriate, or both.

(c) Upon receipt by the disciplining authority of the written decision, or upon the failure of the license holder or applicant to timely respond to the notice of intent, the disciplining authority may issue an order requiring the license holder or applicant to undergo a mental or physical examination. All such mental or physical examinations shall be narrowly tailored to address only the alleged mental or physical condition and the ability of the license holder or applicant to practice with reasonable skill and safety. An order of the disciplining authority requiring the license holder or applicant to undergo a mental or physical examination is not a final order for purposes of appeal. The cost of the examinations ordered by the disciplining authority shall be paid out of the health professions account. In addition to any examinations ordered by the disciplining authority, the licensee may submit physical or mental examination reports from licensed or certified health professionals of the license holder's or applicant's choosing and expense.

(d) If the disciplining authority finds that a license holder or applicant has failed to submit to a properly ordered mental or physical examination, then the disciplining authority may order appropriate action or discipline under RCW 18.130.180(9), unless the failure was due to circumstances beyond the person's control. However, no such action or discipline may be imposed unless the license holder or applicant has had the notice and opportunity to challenge the disciplining authority's grounds for ordering the examination, to challenge the manner and form, to assert any other defenses, and to have such challenges or defenses considered by either a panel of the disciplining authority members who have not been involved with the allegations against the license holder or applicant or a neutral decision maker approved by the disciplining authority, as previously set forth in this section. Further, the action or discipline ordered by the disciplining

authority shall not be more severe than a suspension of the license, certification, registration or application until such time as the license holder or applicant complies with the properly ordered mental or physical examination.

(e) Nothing in this section shall restrict the power of a disciplining authority to act in an emergency under RCW 34.05.422(4), 34.05.479, and 18.130.050(7).

(f) A determination by a court of competent jurisdiction that a license holder or applicant is mentally incompetent or mentally ill is presumptive evidence of the license holder's or applicant's inability to practice with reasonable skill and safety. An individual affected under this section shall at reasonable intervals be afforded an opportunity, at his or her expense, to demonstrate that the individual can resume competent practice with reasonable skill and safety to the consumer.

(3) For the purpose of subsection (2) of this section, an applicant or license holder governed by this chapter, by making application, practicing, or filing a license renewal, is deemed to have given consent to submit to a mental, physical, or psychological examination when directed in writing by the disciplining authority and further to have waived all objections to the admissibility or use of the examining health professional's testimony or examination reports by the disciplining authority on the ground that the testimony or reports constitute privileged communications.

[1995 c 336 § 8; 1987 c 150 § 6; 1986 c 259 § 9; 1984 c 279 § 17.]

NOTES:

Severability—1987 c 150: See RCW 18.122.901.

Severability—1986 c 259: See note following RCW 18.130.010.

RCW 18.130.180 Unprofessional conduct. The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;

(3) All advertising which is false, fraudulent, or misleading;

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

(5) Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;

(6) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

(8) Failure to cooperate with the disciplining authority by:

(a) Not furnishing any papers or documents;

(b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;

(c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding; or

(d) Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;

(9) Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;

(10) Aiding or abetting an unlicensed person to practice when a license is required;

(11) Violations of rules established by any health agency;

(12) Practice beyond the scope of practice as defined by law or rule;

(13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;

(14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;

(15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;

(16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;

(17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(18) The procuring, or aiding or abetting in procuring, a criminal abortion;

(19) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by

a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority;

(20) The willful betrayal of a practitioner-patient privilege as recognized by law;

(21) Violation of chapter 19.68 RCW;

(22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;

(23) Current misuse of:

(a) Alcohol;

(b) Controlled substances; or

(c) Legend drugs;

(24) Abuse of a client or patient or sexual contact with a client or patient;

(25) Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards.

[1995 c 336 § 9; 1993 c 367 § 22. Prior: 1991 c 332 § 34; 1991 c 215 § 3; 1989 c 270 § 33; 1986 c 259 § 10; 1984 c 279 § 18.]

NOTES:

Application to scope of practice—Captions not law—1991 c 332: See notes following RCW 18.130.010.

Severability—1986 c 259: See note following RCW 18.130.010.

WAC 246-840-090 Licensure by interstate endorsement. A license to practice as a nurse in Washington may be issued without examination provided the applicant meets all of the following requirements:

FOR PRACTICAL NURSE PROGRAMS:

(1) The applicant has graduated and holds a credential from:

(a) A commission or state board approved program preparing candidates for licensure as a practical nurse; or

(b) Its equivalent as determined by the commission, which program must fulfill the minimum requirement for commission or state board approved practical nursing programs in Washington at the time of graduation

(2) Applicants shall have passed a state board constructed test, the SBTPE (state board test pool examination), or NCLEX in their original state of licensure within four attempts and within

two years of completion of the nursing program.

(3) The applicant held or currently holds a license to practice as a practical nurse in another state or territory. If the license is lapsed or inactive for three years or more, the applicant must successfully complete a commission approved refresher course before an active Washington license is issued.

(4) That grounds do not exist for denial under chapter 18.130 RCW.

(5) The applicant shall:

(a) Submit a completed application with the required fee.

(b) Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

FOR REGISTERED NURSE PROGRAMS:

(6) The applicant has graduated and holds a degree/diploma from a commission or state board approved school of nursing preparing candidates for licensure as a registered nurse provided such nursing program is equivalent to the minimum nursing educational standards prevailing for commission or state board approved schools of nursing in Washington at the time of the applicant's graduation.

(a) Applicants who were licensed prior to January 1, 1953, must have scored at least seventy-five percent on the commission or state board examination in the state of original licensure.

(i) Applicants licensed after January 1, 1953, but before June 1, 1982, must have passed the state board test pool examination for registered nurse licensure with a minimum standard score of 350 in each test.

(ii) Applicants licensed after July 1, 1982, must have passed with a minimum standard score as established by contract with the National Council of State Boards of Nursing.

(b) The applicant holds a valid current license to practice as a registered nurse in another state or territory.

(c) Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(d) The application must be completed and notarized, the fee must be filed with the application. A notarized copy of a valid current license shall be filed with the application.

(e) Verification of licensure by examination must be obtained from the state or territory of original licensure. Any fee for verification required by the state or territory of original license must be paid by the applicant.

(7) Applicants from countries outside the United States who were granted a license in another United States jurisdiction or territory prior to December 31, 1971, and who were not required to pass the state board test pool examination must meet the following requirements:

(a) The nursing education program must meet the minimum approved standards prevailing for schools of nursing in Washington at the time of the applicant's graduation.

(b) The applicant holds a valid current license to practice as a registered nurse in another

United States jurisdiction or territory.

(c) The applicant must submit to the commission:

(i) A complete notarized application. The fee must be filed with the application.

(ii) Verification of original licensure obtained in the United States jurisdiction or territory.

(iii) Notarized copies of educational preparation and licensure by examination submitted directly from the country of original licensure or from the state commission or territory of original United States licensure.

(iv) Verification of current nursing practice for three years prior to application for Washington licensure.

(v) Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

(d) The applicant shall meet all requirements of chapter 18.79 RCW and regulations of the commission.

[Statutory Authority: RCW 18.79.110. 99-13-086, § 246-840-090, filed 6/14/99, effective 7/15/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-090, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-090, filed 6/18/97, effective 7/19/97.]

WAC 246-840-990 Fees and renewal cycle. (1) Licenses for practical nurse and registered nurse must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) Licenses for advanced registered nurse must be renewed every two years on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(3) The following nonrefundable fees shall be charged by the health professions quality assurance division of the department of health. Persons who hold an RN and an LPN license shall be charged separate fees for each license. Persons who are licensed as an advanced registered nurse practitioner in more than one specialty will be charged a fee for each specialty:

RN/LPN fees:

Title of Fee	Fee
Application (initial or endorsement)	\$65.00
License renewal	50.00
Late renewal penalty	50.00
Expired license reissuance	50.00
Inactive renewal	20.00
Expired inactive license reissuance	20.00
Inactive late renewal penalty	10.00
Duplicate license	20.00
Verification of licensure/education (written)	25.00

Advanced registered nurse fees:

Title of Fee	Fee
ARNP application with or without prescriptive authority (per speciality)	\$65.00
ARNP renewal with or without prescriptive authority (per speciality)	50.00
ARNP late renewal penalty (per speciality)	50.00
ARNP duplicate license (per speciality)	20.00
ARNP written verification of license (per speciality)	25.00

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-840-990, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. 97-23-075, § 246-840-990, filed 11/19/97, effective 1/12/98. Statutory Authority: RCW 18.79.200. 95-12-021, § 246-840-990, filed 5/31/95, effective 7/1/95.]

WAC 246-12-300 Name changes. It is the responsibility of each practitioner to maintain his or her correct name on file with the department. Requests for name changes must be submitted in writing along with acceptable documentation. Acceptable documentation includes a copy of a marriage certificate, divorce decree or court order of legal name change.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-12-300, filed 2/13/98, effective 3/16/98.]

WAC 246-12-310 Address changes. It is the responsibility of each practitioner to maintain his or her current address on file with the department. Requests for address changes may be made either by telephone or in writing. The mailing address on file with the department will be used for mailing of all official matters to the practitioner.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-12-310, filed 2/13/98, effective 3/16/98.]